



**CITY OF SANFORD  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM  
APPLICATION FOR PUBLIC SERVICES for FY 2016-2017**

## **SUBMITTAL PROCEDURES**

### **TO WHOM AND WHERE:**

Sylvia Johnson, Project Manager  
Seminole County Community Development Office  
534 W. Lake Mary Boulevard  
Sanford, FL 32773  
(407) 665-2311

### **WHEN:**

- **NO LATER THAN 5:00 P.M., Friday, July 29, 2016.**
- Submissions received after 5:00 P.M. on that date (as per County time-stamp) will not be accepted – No exceptions.

### **IMPORTANT INFORMATION:**

- Completed Proposals must be mailed or hand-delivered. Faxed or e-mailed submissions will not be accepted.
- The Seminole County Community Development Office will time and date stamp all proposals.
- Any application will be denied if it does not provide all requested information.
- There will be no opportunity for amending any funding proposal after submittal.
- The County reserves the right to request additional information or clarification after the submittal due date, when necessary.
- Please submit one (1) original hard copy, six (6) duplicated paper copies, and one (1) digital PDF copy (on a CD or USB flash drive) of each completed application with all required back-up documents.

## PROJECT SELECTION IMPERATIVES

The Application Review Team will use the following criteria, and a proper response to the NOFA and the Specific Objectives of the 2015-2020 Consolidated Plan, in the project recommendation process:

- All proposals must submit all required documents listed in the application package. Proposals that are not complete will be considered unresponsive and will not be forwarded to the Application Review Team for scoring.
- Program Recipients must be a 501(c)(3).
- The project must serve at risk populations.
- Reasonableness of cost will be considered in evaluating proposals.
- All applications will be reviewed and ranked based upon the Priorities and Objectives in the City's 2015-2020 Consolidated Plan.
- Only one application per agency or organization will be accepted.

### CDBG Requirements:

- All CDBG projects for public services must meet one of the following National Objectives:
  1. Benefit low and moderate income persons or households; **or**
  2. Aid in the prevention or elimination of slums or blight; **or**
  3. Meet a recent community need having a particular urgency because existing conditions pose a serious and immediate threat to health or welfare. For example, a major catastrophe such as a flood or tornado might meet the national objective. This national objective is rarely used for public services activities.
- If requesting CDBG funding, Program Recipients must provide public services for households or individuals that are at or below 80% of area median income guidelines with the funding.

1. Awarded agencies will be required to complete one of the following to document that recipients are at or below 80% of the area median income guidelines:
  - Provide a Low Moderate Income Area Benefit (LMA) for activities that benefit **all** residents in a residential neighborhood area in which at least 51 percent of the residents are Low Moderate Income persons (80% of area median income). This should be documented by census tract block group data or an approved survey can be completed by the agency if the application is approved.
  - Provide a benefit to Low Moderate Income Limited Clientele (LMC) to a minimum of 51 percent of the beneficiaries of an activity.
    - Document that the clientele is generally presumed to be principally Low Moderate Income (LMI). This covers abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.
    - Complete an income certification on household size, income and assets by utilizing 24 CFR Section 5.609.
- CDBG recipients are expected to provide matching or leveraging funds in the cost of any project.
- Projects that require CDBG funds for salaries or other administrative expenses will be given a very low priority for funding recommendation.
- CDBG recipients will be paid on a per unit basis, meaning that funds will be released in proportion to the amount of units or activities provided.

## Public Services Project Submission Sheet

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1. Please indicate National Objective Project will meet:  
 Low Moderate Income Benefit  Slum/Blight  Urgent Need
2. Name of Project & Eligible Activity:(**Check only one**): \_\_\_\_\_  
 Youth Services  Elderly Services
3. Name of Applicant:  
 \_\_\_\_\_
4. Address of applicant:  
 \_\_\_\_\_
5. Contact Person:  
 \_\_\_\_\_
6. Address/Telephone Number/E-Mail Address:  
 \_\_\_\_\_
7. Include a copy of Articles of Incorporation.
8. Include a copy of occupational license.
9. Include a copy of Bylaws/purpose of organization.
10. Include an organizational chart of your agency.
11. Include a list of board of directors and their occupations.
12. Include a copy of IRS designation as tax-exempt.
13. Include a list of roles, duties, and responsibilities of staff working directly with the project.
14. Include a resume of the project administrator.
15. Include a resume of the chief financial officer.
16. Include resumes of staff directly responsible for administering the project.
17. Provide a year-end certified audit (most recent audit) or audited financial statement.
18. Provide a copy of current insurance (including liability/worker's compensation, property insurance, etc.).
19. Provide proof that the organization has been serving the City of Sanford for a minimum of 2 years in the capacity similar to the funding request.
20. Provide a statement indicating that this funding request meets a National Objective, and meets eligibility based upon the community's needs.

21. Has this agency previously received City of Sanford funding? YES  NO

(a) If yes, when were the funds received and how much did you receive?

(b) Were all the funds spent within the given timeframe per your agreement with the City of Sanford? YES  NO

22. Provide at least three (3) references and a history of recent projects (completed within the last two (2) years).

## **PROJECT DESCRIPTION**

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Attach a description of the Project explaining:

1. The community need/problem to be addressed
2. Project location
3. Population to be served (Area-Wide Benefit, i.e. Project benefits all residents OR Limited Clientele, i.e. Project benefits a specific group of persons such as abused children, battered spouses, elderly persons, homeless persons, migrant farm workers)
4. Area to be served
5. Description of work
6. Proposed schedule of work
7. Number of persons to benefit from the project:

Total persons benefitting: \_\_\_\_\_

Lower income persons benefitting: \_\_\_\_\_

Percent lower income persons benefitting: \_\_\_\_\_

Source of data: \_\_\_\_\_

8. Does this activity currently exist? YES  NO

If yes, where? \_\_\_\_\_

9. Attach a justification of the Project; why is this project needed? (not exceeding one page).
  
10. Describe how will your goals, performance and success be measured if you are awarded funds? (not exceeding one page).

## PROJECT BUDGET

		TOTAL PROJECT BUDGET:		
Funding Source	Category*	\$ Current 2016/2017	\$ Proposed 2016/2017	\$ Secured 2016/2017
<b>Federal Sources</b>				
<b>State Sources</b>				
<b>City of Sanford</b>				
<b>CDBG (Requested Amount)</b>				
<b>General</b>				
United Way				
Client Service Fees				
Fund Raisers				
Thrift Shop				
General Sales				
Investment Income				
Memberships				
Individual Contributions				
Other:				
<b>Business Contributions</b>				
<b>Foundations/Trust</b>				
<b>Other Grants</b>				

<b>PROGRAM EXPENSES</b>	<b>Current 2016/2017</b>	<b>Proposed 2016/2017</b>
<b>PROGRAM PERSONNEL EXPENDITURES:</b>		
Professional Staff Salaries		
Support Staff Salaries		
Employee Benefits		
Payroll Taxes/Other		
<b>TOTAL PERSONNEL EXPENSES:</b>		
<b>PROGRAM OCCUPANCY EXPENDITURES:</b>		
Building Lease/Rent		
Maintenance		
Utilities		
Insurance		
<b>TOTAL OCCUPANCY EXPENSES:</b>		
<b>PROGRAM OPERATING/PROGRAMMATIC EXPENDITURES:</b>		
Office Supplies		
Office Expense/Computer		
Communication		
Printing		
Direct Services		
Professional Fees/Outside Consultants		
Staff Travel		
Staff Development/Training		
Volunteer Expenses		
Awards		
Advertising		
Subscriptions/Publications		
Fundraising Expenses		
Support to Parent Organization		
Dues		
Licenses, Taxes, Insurance		
Equipment Lease/Maintenance		
Vehicle Maintenance		
Depreciation Expense		
Interest Expense		
Annual and Special Meetings		
Miscellaneous Expenses		
Other		
<b>TOTAL OPERATING/PROGRAMMATIC EXPENSES:</b>		
<b>TOTAL PROJECT EXPENSE \$:</b>		
<b>TOTAL PROJECT BUDGET \$:</b>		
<b>BUDGET MINUS EXPENSES:</b>		

In addition:

- (1) Attach documentation for funds you are providing (grant awards, letters of credit, cash, in-kind, etc.).
- (2) List these sources on the Certification of Other Funding.
- (3) Provide a description of all funds that will be used to pay for staffing and operational costs.

**ADDITIONAL FUNDING**

What other funds have been sought for this project, and what is the status of those requests?

Source of Funds	Amount	Status

Provide documentation that other sources of funds have been sought or are in place, and are committed to the project.

In addition, submit the Certificate of Other Funding Form.

## DISCLOSURE FORM

Answer the following questions by placing an "X" after "YES" or "NO".

Has your agency, any officer or employee, or anyone involved in the operation, management, direction or decision making of your agency, received a reprimand or a sanction or warning of any nature, or been suspended by the Florida Department of Professional and Business Regulation or any other Florida agency, the U.S. Government, or any professional association within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, been declared in default, terminated, or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES  NO

Has your agency, any officer, employee, or anyone involved in the operation, management, direction or decision making of your agency, had filed against it, him, or her, or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES  NO

I hereby certify that all statements made are true and accurate. I understand that any misstatement, misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this application. Should my agency receive funding and it is determined at a later date that this statement was misstated, misrepresented or contains falsification of facts, my agency understands and agrees that our Agreement with Seminole County is to be declared null, void, and terminated immediately, and that any and all funds spent shall be returned to the County.

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
OFFICER TITLE

\_\_\_\_\_  
PRINTED OR TYPED NAME

**DOCUMENTATION OF OTHER FUNDING**

**DETERMINATION OF LEVERAGING AND/OR MATCHING FUNDS TO BE USED FOR THE REQUESTED PROJECT**

Please show all other sources of funding to be used on this project. This includes any cash, loan, grant, donation, guarantee, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect financial assistance from any government, foundation, financial institution, agency, or individual, or any other source of funds for use in, or in connection with the requested CDBG project.

I, \_\_\_\_\_, being a duly authorized representative of \_\_\_\_\_, hereby certify that, in addition to the assistance being sought through City of Sanford, funds from other sources will will not be provided for the project. Maintenance and operation costs are not considered match or leverage.

The following financial assistance will match or leverage the project referenced above:

Funding Amount	Source	Use of Funds

The information provided above is a true and complete representation of the financial assistance being provided for this project.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Title]

State of Florida  
County of:

Sworn to (or affirmed) and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_. He/she is personally known to me or has produced FL DL or ID \_\_\_\_\_ as identification.

\_\_\_\_\_  
[Notary's Signature]

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[Printed Name]

**THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED  
WITH EVERY CDBG APPLICATION**

- Public Services Project Submission Sheet
- Project Description
- Articles of Incorporation / Date of Incorporation.
- Occupational License.
- Bylaws / Purpose of Organization.
- Organization Chart, including a list of the Board of Directors and their occupations.
- If a nonprofit organization, submit IRS designation as tax exempt.
- Resume of Project Administrator.
- Resume of Chief Financial Officer.
- Resumes of staff directly responsible for project administration.
- Certified Audit (most recent), year-end, & interim financial statements (statements since last audit) If no audit has been performed, please provide a recent audited financial statement. The more information provided by the applicant will be beneficial in demonstrating financial capacity.
- Proof of current insurance including liability/worker's compensation/etc.
- Proof of a minimum 2 year history serving the City of Sanford with experience in the area for which funding is being requested.
- A detailed Project Budget.
- Information regarding current year grants received and any proposed grant applications for this project.
- Disclosure Form.
- Documentation of Other Funding including copies of approved loans, grants, donations, guarantees, rebates, subsidies, credits, tax benefits, or any other form of direct or indirect assistance from any government, foundation, financial institution or individual or any other source of funds.